

2084

3974

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
 County Grima State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Ajo No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Harold Eugene Graham  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR or RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>single</u>			16. DATE OF DEATH <u>Nov. 20</u> 19 <u>29</u> Month Day Year	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Infant at home</u>					17. I HEREBY CERTIFY, That I attended deceased from <u>Nov. 19</u> 19 <u>29</u> to <u>Nov. 20</u> 19 <u>29</u> that I last saw him alive on <u>Nov. 19</u> 19 <u>29</u> and that death occurred, on the date stated above, at <u>3:30 A.M.</u> The CAUSE OF DEATH* was as follows: <u>Cholera infantum</u>	
6. DATE OF BIRTH (month, day and year) <u>Oct. 5, 1929</u>					(duration) yrs. mos. ds. <u>15</u>	
7. AGE	Years	Months	Days	IF LESS than 1 day	CONTRIBUTORY <u>Erantion</u> (Secondary) (duration) yrs. mos. ds.	
		<u>1</u>	<u>15</u>	hrs. or min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>infant</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer					18. Where was disease contracted If not at place of death?	
9. BIRTHPLACE (city or town) <u>Ajo, Ariz.</u> (State or country)					Did an operation precede death? <u>No</u> Date of _____	
10. NAME OF FATHER <u>Roy L. Graham</u>					Was there an autopsy? <u>No</u>	
11. BIRTHPLACE OF FATHER <u>Matagorda</u> (city or town) <u>Texas</u> (State or country)					What test confirmed diagnosis? <u>Symptoms</u>	
12. MAIDEN NAME OF MOTHER <u>Erene Harrison</u>					(Signed) <u>James L. Spiker, M.D.</u> 19 _____ (Address) <u>Phoenix</u>	
13. BIRTHPLACE OF MOTHER <u>Waco</u> (city or town) <u>Texas</u> (State or country)					* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).	
14. Informant <u>Thomas Myrl Graham</u> (Address) <u>Ajo Ariz</u>					19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Ajo Ariz</u>	
15. Filed <u>Nov 21</u> 19 <u>29</u> <u>John B. Wood</u> Registrar.					DATE OF BURIAL <u>Nov 20</u> 19 <u>29</u> ADDRESS <u>Ajo Ariz</u>	

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Approved by U. S. Census and American Public Health Assoc.

carbolide acid—probably suicide. The nature of the injury, as fracture of skull, and comminuted.